


*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000109080 1. Entity Name SUSIE BLONDINO PA		
Principal Place of Business 17306 HANNA ROAD LUTZ, FL 33549	Mailing Address 17306 HANNA ROAD LUTZ, FL 33549	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BLONDINO, SUSIE 17306 HANNA ROAD LUTZ, FL 33549		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLONDINO, SUSAN E 17306 HANNA ROAD LUTZ, FL 33549	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Susan E. Blondino</u> <u>Susan E. Blondino</u> 3/20/06 813-9442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3682415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/06/06-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**